

**CFHHS Interim Legislative Committee
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**Preparing for HB 422
Children's Mental Health through the Public Health Lens**

- As we begin working on the HB 422 study we encourage you to look at children's mental health through the public health lens.
- While doing some research I found a study called "A Public Health Approach to Children's Mental Health – A Conceptual Framework" developed by the Georgetown University Center for Child and Human Development. The following statement taken from the document says it well:
 - "What is best for the individual child is usually what is best for the overall community; children who have good health and a strong sense of well-being are more likely to become adults who contribute positively to their community."
- Good public health intervention requires a comprehensive multi-agency approach to improve the health and quality of life individuals and communities, through prevention and treatment of disease and other physical and mental health conditions.
- There are many young children in Montana and in the nation, who have suffered and are currently suffering complex emotional trauma from abuse, neglect and chaotic environments.
- As we work towards improved outcomes for youth there must be a dedicated focus to address this public health crisis for children. We all need to work together to be a catalyst for social change.
- To give you a sense of where we were 12 years ago and a sense of where we are today I am going to take a few minutes today to go over a significant study of high cost kids in Montana that was done by MCI in 2003. The facts are startling and logical at the same time. A summary of the study is included in your hand out.
- A few current facts to keep in mind as we look at the summary:
 - As of August 31, there were 2,718 Montana kids in foster care, according to DPHHS. This is the highest number in 15 years.
 - Among those children, 1,445 were in the system at least in part because of parental drug abuse. Seven hundred ninety two (792) cases involved methamphetamine.
 - According to DPHHS 16,771 in SFY 2014 youth received public mental health treatment services.
 - According to the 2012-2013 National Survey on Drug Use and Health 22% of 18-25 year olds in Montana report dependence on or abuse of illicit drugs or alcohol in the past year.
 - According to the 2014 MT Office of Vital Statistics suicide is the 2nd leading cause of death in MT for 15-24 year olds. Substance abuse and drugs played a role in many of the suicides.

2003 MCI High Cost Kids Study 12 Years Later

In 2003 the Montana Children's Initiative Provider's Association completed a study sampling "high-cost" children's mental health cases, defined as \$6,000 in cost per month or more. The grant was funded by the MT Juvenile Justice Council. The survey entailed comprehensive interviews of case workers, probation officers, providers, family members and the children themselves. Together, these interviews provided unique insights into the lives of 24 youth of an estimated 130 high-cost cases in Montana. The survey also explored family and caretaker behaviors. The patterns show remarkable rates of alcohol and other substance abuse, poverty, homelessness, multiple relocations, unemployment, domestic violence histories of parent or caretaker mental health problems and criminal histories.

The goals of the study were to:

- Examine a wide array of factors affecting Montana's high-cost children's mental health cases
- Inform Montana decision-makers
- Inform the Montana public
- Dispel misconceptions
- Provide a basis of knowledge to help lower costs if possible.

Among the 24 cases reviewed:

- 87.5% of families had histories of family disruption, drug and substance abuse.
- The study also revealed that siblings of the child studied were also in out-of-home placements somewhere within the system.
- Three out of four of these families (75%) had histories that included mental health issues.
- In 70.8% of the cases, the family also had a history of domestic violence and caretaker mental health problems.
- Two-thirds of the families studied had histories that included juvenile or adult involvement with the corrections system.

In looking at the interaction of children with the law enforcement and judicial systems:

- 33% of the youth surveyed had been involved with the State District Youth Court.
- Though they might not have been caught in these behaviors, more than two-thirds of the youth surveyed admitted involvement in a variety of illegal behaviors.
- The most common offense was drug or paraphernalia possession, followed by theft. Other offenses included youth in need of care, sexual intercourse without consent, burglary, assault and being out of control.
- The survey asked questions relating to the child's experience in school and with their peers:
 - 88% had experienced difficulty in peer relationships;
 - In school, 83% were diagnosed with learning disabilities;
 - 79% exhibited behavior problems and were in Special Education or self-contained classrooms;
 - 50% had been in alternative schools and half were achieving failing grades;
 - 33% were achieving average or better academically.
- American Indians comprised 6% of Montana's population, but 42% of the high-cost cases surveyed were American Indian. This is an extreme over-representation of nearly seven *times* the expected population incidence.

THE 75% PROFILE

INDIVIDUAL SNAPSHOT OF A HIGH COST YOUTH IN CMHB – 2003

- ✓ Male and 16 years old
- ✓ Probably white but could be American Indian (42% of youth surveyed were American Indian)
- ✓ First out-of-home placement at age 7 with Child Protective Services
- ✓ 9 years in the system
- ✓ 8 out-of-home placements
- ✓ One youth in the study had been in 16 out-of-home placements
- ✓ Diagnosed as Seriously Emotionally Disturbed
- ✓ Medicated
- ✓ Placed in PRTF services with the median length of stay in out-of-home placement of 399 days:
 - 63% surveyed were placed with providers outside Montana – seven of the youth were in Texas, four in Utah, two in Wyoming and one each in Washington and Georgia
 - Of the nine youth who were in treatment in Montana, four were in Helena, three were in Butte and two were in Billings
- ✓ Family/Caretaker has history of:
 - mental health
 - Domestic violence
 - Alcohol abuse
 - Substance abuse
 - Criminal activity
 - Sporadic employment
 - Unemployment
 - at or below poverty level
 - Multiple relocations
 - Inadequate housing
 - Chronic physical illness
 - Homelessness
- ✓ Youth Characteristics – 75% profile:
 - Impulse control issues
 - Verbally abusive
 - Poor judgment
 - Negative self esteem
 - Argumentative
 - Manipulative
 - Emotional trauma
 - Abused and/or neglected
 - Sexually reactive
 - Physically violent to others
 - Property destruction
 - Poor Communication skills
 - Poor peer relationships
- ✓ Youth Behaviors – 50% profile:
 - Physical trauma
 - Stealing
 - Obsessive compulsive
 - Extreme activity level
 - Suicide ideation/gestures
- ✓ Youth Behaviors – 33% profile:
 - Obsessive compulsive
 - Fire setting
 - Hallucinations
 - Run away
 - Alcohol/Drug use/abuse
 - Paranoid/delusional
- ✓ Youth Behaviors – 25%
 - Sex offender
 - Informal probation (Youth in need of supervision)